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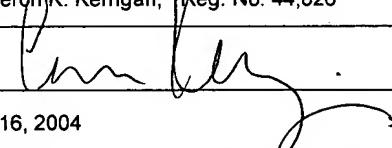
Total Number of Pages in This Submission
(excluding references)

Application Number	10/678,979
Filing Date	October 2, 2003
First Named Inventor	Stephen D. Pacetti
Group Art Unit	1762
Examiner Name	Jennifer Kolb Michener
Total Number of Pages in This Submission (excluding references)	2
Attorney Docket Number	50623.340

ENCLOSURES (check all that apply)

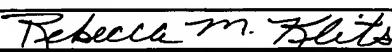
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Response to Restriction Requirement (1 page) <input type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (month) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References <input checked="" type="checkbox"/> Express Mail Label No. EV 339062959 US <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,826
Signature	
Date	July 16, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail # EV 339 062 959 US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: July 16, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Stephen D. Pacetti et al.

Examiner: Jennifer Kolb Michener

Serial No.: 10/678,979

Art Unit: 1762

Filed: October 2, 2003

Title: A Mandrel For Supporting A Stent And A Method Of Using The Mandrel
To Coat A Stent

Commissioner for Patents
USPTO
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Examiner Michener:

In response to the Restriction Requirement mailed on July 12, 2004, Applicants elect Group III, Claims 46-51. The species requirement imposed by the Examiner does not apply to Group III. Applicants, therefore, believe that no response is due for the species. This election is being made without traverse.

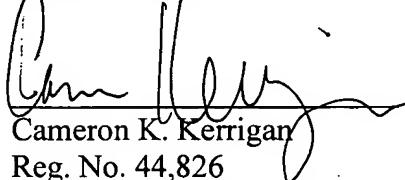
The undersigned authorizes any fees that may be required, or credit of any overpayment to be made to Deposit Account No. 07-1850.

Should the Examiner have any questions regarding this communication, the Examiner is invited to contact the undersigned at the telephone number shown below.

Date: July 16, 2004

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Respectfully submitted,


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